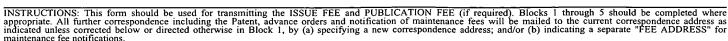
PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE	FIRST	NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/775,344	02/11/2004		Jean Babler		ICB0168	8549
TITLE OF INVENTION:		S IMMAHAS ADDODGES	05/05/2009	05/05/20	05 BABRAHA2 00000062	10775344
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLI	CATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	05/03/2005
EXAM	INER	ART UNIT	CLAS	S-SUBCLASS]	
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Effective on 12/08/2004.			Complete if Known			
Fees pursuant to the Consolidated App			Application Number	10/775,344		
FEE TRAN	12I	WIIIAL	Filing Date	February 11, 2004		
For FY 2005			First Named Inventor	Jean BABLER et al.		
			Examiner Name	John P. Fitzgerald		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2856		
TOTAL AMOUNT OF PAYMENT	(\$)	1,000.00	Attorney Docket No.	ICB0168		

TOTAL AMOUNT OF PAYME	ENT (\$) 1,000	0.00	Attorney Dock	et No.	IC	B0168
METHOD OF PAYMENT (check all that apply)							
Check Credit Ca	rd [] Money Orde			(please identi		
Deposit Account Deposit Account Number: 501281 Deposit Account Name: Griffin & Szipl, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
For the above-identifie	d depos	it account, the D	Director is he				
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FEE CALCULATION							
1. BASIC FILING, SEARC		D EXAMINATI S FEES Small Entity		RCH FEES Small Entity	EXAMI	NATION FEES Small Entity	
Application Type	Fee (\$)		Fee (\$	Fee (\$)	<u>Fee (\$</u>		Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	. 100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity Fee (\$)
Fee Description Fach claim over 20 or for l	Reissne	es each claim	over 20 an	d more than in	the origina	al patent	50 25
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100						atent 200 100	
Multiple dependent claims							360 180
<u>Total Claims</u> <u>Ex</u> - 20 or HP =	tra Clai		<u> Fee</u>	Paid (\$)	<u>Multiple</u> Fee (Dependent Clai	<u>ims</u> Paid (\$)
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4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Issue and Patent Publication Fees with PTOL85 1,000.00					1,000.00		

SUBMITTED BY	~ /		
Signature		Registration No. 31,799	Telephone (703) 979-5700
Name (Print/Type) J	loerg-Uwe Szipl		Date May 2, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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